

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 10, 1991

ALL-COUNTY INFORMATION NOTICE I-46-91

TO: ALL COUNTY WELFARE DIRECTORS  
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES  
ALL SDSS ADOPTION DISTRICT OFFICES

SUBJECT: AUTOMATED AAP PAYMENT INSTRUCTION FORMS (AAP 2)

REFERENCE: 22 CCR 35341

The Department's Adoptions District Offices are in the process of converting to an automated case tracking system. This system will automatically generate most of the "Payment Instructions - Adoptions Assistance Program" (AAP 2) forms submitted to County Welfare Departments by the District Offices.

A sample copy of a computer generated AAP 2 form is attached. County Welfare Departments should treat these forms in the same way that they treat conventional AAP 2 forms completed by the Department's District Offices.

Questions should be addressed to Mr. Joseph Magruder, Policy Consultant, Adoptions Policy Bureau at (916) 323-0524 (ATSS 473-0524).

A handwritten signature in dark ink, appearing to read "Loren D. Suter", is positioned above the typed name.

LOREN D. SUTER  
Deputy Director  
Adult and Family Services Division

cc: CWDA

Attachment

Humboldt County  
Dept of Public Welfare  
929 Koster Street  
Eureka CA 95501

AAP Payment Case Number  
1203-25686  
State Adoptions Case Number  
SDSS-CHI 2125  
Adoption Agency Case Number

Childs Adoptive Name  
Smith, Terry

Childs Birthdate  
01/18/86

This is a: (Check applicable item(s))

- ☐ New case; Form FC 9, Federal eligibility Information is attached
- ☐ Denial, please send Notice of Action
- ☐ Deferred payment agreement, please send Notice of Action
- ☐ Change in child's name, payee name or address
- ☒ Change in amount or duration of payment due to:
  - ☐ Completed recertification
  - ☒ Change in need or circumstances.
  - ☐ Ineligibility: reason for denial or ineligibility:

I certify that this child is eligible for Adoption Assistance Program payments;  
please start or change payments as follows: \$ 250 per month effective 03/01/91.  
The last month of payment shall be: February, 1993 .

Payee Name  
Smith, Clyde & Bonnie  
1485 Oak Avenue  
Sacramento CA 95814  
916 555 3598

If child were placed in foster care,  
rate of payment would be:  
☒ Family home rate of \$ 375  
☐ Group home rate of \$ \_\_\_\_\_  
Name of group home: \_\_\_\_\_

Signature of Authorized Official  
of Adoption Agency

Signature of Authorized Official  
of Family Agency (if co-op placement)

Amethyst Maxwell, MSW  
Adoption Agency Mailing Address  
SDSS - Chico District Office  
520 Cohasset Road, Suite 11  
Chico, CA 95926

Adoption Agency Mailing Address

Telephone number  
916 895 6143

Date  
04/16/91

Telephone number  
( ) -

Date  
/ /